



## State of New Jersey

James E. McGreevey  
*Governor*

Department of Environmental Protection

Bradley M. Campbell  
*Commissioner*

**Division of Solid and Hazardous Waste  
Solid & Hazardous Waste Regulation Element  
401 East State Street  
CN 421  
Trenton, NJ 08625-0421  
Tel. # 609-292-7081**

Bureau of Hazardous Waste Regulation  
Conditionally Exempt Small Quantity Generator  
**NJX PROGRAM APPLICATION FORM**

Please complete all of the following information. An incomplete application will not be processed.

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

(if different from above)

Mail City \_\_\_\_\_ Mail State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ SIC Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ (including area code)

Emergency Phone Number \_\_\_\_\_ (including area code)

List any previous EPA ID. numbers below (if applicable):

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I certify that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete and that the applicant meets the eligibility requirements of the Conditionally Exempt Small Quantity Generator NJX Number Program.

Signature \_\_\_\_\_  
(owner or operator)

Typed/  
Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_